

## **ORDER FORM FOR MASTER'S PROGRAM**

Please place a checkmark by the title of the course or courses you want to take. Your fee will be due before any books or materials will be mailed to you. In order to take these courses for credit, you must have submitted an Application Form for acceptance into the Master's Program, paid a \$75.00 Registration Fee, and you must have an original transcript on file with MII. **The total cost of this course including the Registration Fee is \$1,325.00.**

<input type="checkbox"/> Growing up Spiritually	Amount \$130.00
<input type="checkbox"/> Advancing in the Christian Life	Amount \$130.00
<input type="checkbox"/> Being Led by The Holy Spirit	Amount \$165.00
<input type="checkbox"/> Intercessory Prayer II	Amount \$130.00
<input type="checkbox"/> Leadership 101	Amount \$ 95.00
<input type="checkbox"/> World Evangelism	Amount \$ 95.00
<input type="checkbox"/> Healing Ministry	Amount \$165.00
<input type="checkbox"/> Angelogy	Amount \$ 95.00
<input type="checkbox"/> Deliverance Ministry	Amount \$ 95.00
<input type="checkbox"/> How to Discern Spirits	Amount \$ 60.00
<input type="checkbox"/> The Gift of Prophecy	Amount \$130.00
<input type="checkbox"/> Cost for Thesis	Amount \$210.00
<input type="checkbox"/> To pay entire course and fees in full	Amount \$1,325.00

**TOTAL AMOUNT YOU ARE PAYING TODAY \$ \_\_\_\_\_**

Payments may also be made at [www.ministryinternational.tv](http://www.ministryinternational.tv)

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_, Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

(Continued on Reverse)

**\*NOTE\***

For any Student who would like to pay their Master Program Fee by Credit Card, please fill in the information below.

Master Card\_\_\_\_, Visa\_\_\_\_, American Express\_\_\_\_, Discover\_\_\_\_\_.

For All Card Use. We need the last 3 number security code on strip on back of card\_\_\_\_\_.

Card Number\_\_\_\_\_, Exp. Date\_\_\_\_\_

Amount Paid \$\_\_\_\_\_

Your Name (Please Print)\_\_\_\_\_

Address (if different from above)\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Home Phone\_\_\_\_\_, Cell Phone\_\_\_\_\_

Your Signature\_\_\_\_\_